

<input checked="" type="checkbox"/> J	Rejected	<input type="checkbox"/> -	(Through numeral) Cancelled	<input type="checkbox"/> N	Non-Elected	<input type="checkbox"/> A	Appeal
<input checked="" type="checkbox"/> =	Allowed	<input type="checkbox"/> +	Restricted	<input type="checkbox"/> I	Interference	<input type="checkbox"/> O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
4		S1		101	
5		S2		102	
6		S3		103	
7		S4		104	
8		S5		105	
9		S6		106	
10		S7		107	
11		S8		108	
12		S9		109	
13		S0		110	
14		61		111	
15		62		112	
16		63		113	
17		64		114	
18		65		115	
19		66		116	
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27		74		124	
28		75		125	
29		76		126	
30		77		127	
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35		82		132	
36		83		133	
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		98		148	
		99		149	
		100		150	